

MAR 23 2009

PTO/SB/31 (02-09)

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NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES

Docket Number (Optional)

1001.2278101

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] March 23, 2009

Signature

Typed or printed name Kris Wilfrid

In re Application of
Gil M. Vardi et alApplication Number
10/670,168

Filed

September 25, 2003

For DUAL GUIDEWIRE EXCHANGE CATHETER SYSTEM

Art Unit

3731

Examiner

Elizabeth Houston

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ 540 00

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 500413
- ☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

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I am the

- ☐ applicant/inventor
- ☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- ☒ attorney or agent of record. Registration number 61,712
- ☐ attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34: _____

Benjamin J. Nyquist

Typed or printed name

612-677-9050

Telephone number

March 23, 2009

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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